

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

03-011

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.54

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$148,986 savings

b. FFY 04 \$595,946 savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.18A pg. 1

(03-11)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Att. 4.18A pg. 1

(96-5)

10. SUBJECT OF AMENDMENT:

Hospital copayments imposed on Medicaid coverage groups

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charles P. Smith

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

9/8/03

16. RETURN TO:

Roxanne Doty
VT Dept. of PATH
103 South Main Street
Waterbury, VT 05671-1201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 11, 2003

18. DATE APPROVED:

December 10, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE:

Associate Regional Administrator, DMCH

23. REMARKS:

A. The following charges are imposed on the categorically needy for services:

Service	Type of Charge		Amount/Basis for Determination
	Deductible	Coinsurance Copayment	
Pharmacy		X	\$1 per prescription for prescriptions having a usual and customary charge of \$29.99 or less.
		X	\$2 per prescription for prescriptions having a usual and customary charge of \$30 - \$49.99.
		X	\$3 per prescription for prescriptions having a usual and customary charge of \$50.00 or more.
Outpatient		X	\$3 per day per hospital. Copayment less than maximum allowed based on average state payment of \$56.69 per outpatient claim (as of 6/91).
Inpatient		X	\$75 per admission. Copayment is less than maximum allowed based on average FY91 per diem rate of \$526.32.
Dental		X	\$3.00 per provider per date of service. Copayment is maximum allowed based on average state payment of \$77.33 per claim (as of 5/96)